MFT-6A (02-00, R-2)

Application Required by NJ Motor Fuel Tax Law

STATE OF NEW JERSEY DIVISION OF TAXATION MOTOR FUEL TAX PO BOX 189

Trenton, New Jersey 08695-0189

APPLICATION FOR STORAGE FACILITY OPERATOR'S LICENSE

Application is hereby made by the undersigned for a Storage Facility Operator's License to operate in the State of New Jersey in compliance with Chapter 39 of Title 54, Taxation, of the Revised Statutes and the Acts amendatory thereof and supplemental thereto. This license is for a period of one (1) year. A payment of \$150.00 must accompany this application. Make check or money order payable to: STATE OF NEW JERSEY-MFT.

1. FID #	OR Soc. Sec. # of Own	er				
2. Name	ORPORATED - give Corp. Name; IF NOT - give Last name	e First Name MI of Owner(s))				
3. Trade Name						
4. Business Location:	_	lame and Address - (if different from busine	ss address)			
Street	110					
City	StateStreet					
Zip Code Give 9-digit Zip)	City	Sta	ate			
(Ont o digit Enp)	Zip Code					
		(Give 9-digit Zip)				
6. Beginning Date for this business in New Jerse		rear				
7. Type of Ownership (check one):	wonan bay i					
☐ NJ Corporation ☐ Sole Proprietor	☐ Partnership ☐ Out-of-State 0	Corporation				
☐ Other - explain						
8. Telephone Numbers: Contact Person		Title				
Daytime: ()	Ext Evening: ()	Ext			
9. IF A CORPORATION, complete the following:						
Date of Incorp////	Year State of Incorp.					
10. Provide the following information for ALL own	ners, partners or responsible corporate office	rs. (If more space is needed, attach rider).				
NAME	SOCIAL SECURITY NUMBER	HOME ADDRESS	%			
(Last Name, First, M.I.)	TITLE	(Street, City, Zip)	OWNED			
NOTE: On a separate sheet of paper provide		nore of the outstanding shares of stock in th	e corporation.			
11. List parent company, wholly owned subsidiarie	List parent company, wholly owned subsidiaries, and/or any affiliates					
12. Give name, title, and telephone number of pe		uels tax reports and location where reports	are prepared and			
records kept						
13. Give name, title and address of agent in New agent)	Jersey or registered New Jersey agent on wh	nom service may be made (must be docume	nted by letter from			

NOTE: Question 13 must be completed by out-of-state businesses

14.	State kind of products handled:						
15.	New Jersey Storage Facilities (a) List each tank, capacity, and location owned.						
	Location	<u>Type</u>	Capao <u>in Gal</u>				
	Tank 1						
	Tank 2						
	Tank 3						
	Tank 4						
	Tank 5						
	Total Gallons						
16.	Tank 1 Tank 2 Tank 3	Туре	Capacity in Gallons	Expiration Date of Lease			
	Tank 4 Tank 5 Total Gallons						
17.	Has applicant ever had a motor fuel license denied, suspended, cancelled or revoked in New Jersey or any other jurisdiction? If yes, explain						
18.	Is applicant registered with the Division of Taxation for any of	ther New Jersey State taxes	🗆 Yes	s □ No			
19.	The undersigned applicant states (under penalty of perjury) that	all the information contained in	this application is true and	accurate in every particular			
	Name of Applicant	Sig	Signature of Owner, Partner or Officer				
		Title		Date			

All information must be provided before the application can be processed.

The information submitted will assist this office in the processing of your request.

The Division of Taxation reserves the right to conduct a thorough investigation prior to renewing this license.

Return completed application and \$150 fee to: MOTOR FUEL TAX, PO Box 189, Trenton, NJ 08695-0189